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General Rules and Specifications for Substitute Form 941 and Schedule B (Form 941)



Department of the Treasury
Internal Revenue Service

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TABLE OF CONTENTS

Section 1 – Purpose	1
Section 2 – What’s New	2
Section 3 – General Requirements for Reproducing IRS Official Form 941 and Schedule B (Form 941)	2
Section 4 – Reproducing Form 941 and Schedule B (Form 941) for Software-Generated Paper Forms	3
Section 5 – OMB Requirements for Substitute Forms	4
Section 6 – Reproducible Copies of Forms.....	5
Section 7 – Effect on Other Documents.....	5
Section 8 – Exhibits	5

Section 1 – Purpose

.01 The purpose of this publication is to provide general rules and specifications from the Internal Revenue Service (IRS) for paper and computer-generated substitutes for the January 2006 revision of Form 941, Employer’s QUARTERLY Federal Tax Return, and Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors. **Note.** Substitute territorial forms (941-PR, 941-SS, and Anexo B (Forma 941-PR)) should also conform to the specifications outlined in this revenue procedure.

.02 This publication provides measurements and printing specifications for substitute Form 941 and Schedule B (Form 941). If you need more in-depth information on who must complete the forms and how to complete them, see the Instructions for Form 941 and Publication 15 (Circular E), Employer’s Tax Guide, or visit the IRS website at www.irs.gov.

.03 Forms should not be submitted to the IRS for specific approval. If you are uncertain of any specification and want clarification, do the following.

1. Submit a letter citing the specification.
2. State your understanding of the specification.
3. Enclose an example (if appropriate) of how the form would appear if produced using your understanding.
4. Use the following address. Be sure to include your name, complete address, phone number, and, if applicable, your email address with your correspondence.

Internal Revenue Service
Attn: Substitute Forms Program
SE:W:CAR:MP:T:T:SP, IR-6406
1111 Constitution Avenue, NW
Washington, DC 20224

Note. Allow at least 30 days for the IRS to respond.

.04 However, software developers and form producers should send a blank copy of their substitute Form 941 and Schedule B (Form 941) in pdf format to Victor.V.Martin@irs.gov. The purpose is not specifically for approval but to assist the IRS in preparing to scan these forms. Submitters will only receive comments if a significant problem is discovered through this process. Submitters are not expected to delay marketing their forms in order to receive feedback. In no case should submitters include “live” taxpayer data.

Section 2 – What’s New

.01 The 2006 revisions of Form 941 and Schedule B (Form 941) have six-digit Form ID codes instead of the four-digit codes used in 2005.

.02 The 2006 revision of Schedule B (Form 941) now includes a calendar year designation area near the top of the form.

.03 There are new 6x10 grid layouts for the 2006 revisions.

Section 3 – General Requirements for Reproducing IRS Official Form 941 and Schedule B (Form 941)

.01 Do not submit substitute Form 941 and Schedule B (Form 941) to the IRS for approval. Substitute Form 941 and Schedule B (Form 941) that **completely conform** to the specifications contained in this revenue procedure do not require prior approval from the IRS. Substitute forms filed with the IRS that do not conform may be returned.

.02 Print the form on paper that is 8.5 inches wide by 11 inches deep.

.03 Use white paper that meets generally-accepted weight, color, and quality standards (minimum 20 lb. white bond paper).

Note. Reclaimed fiber in any percentage is permitted provided that the requirements of this standard are met.

.04 The IRS prefers printing Form 941 on both sides of a single sheet of paper, but it is acceptable to print on one side of each of two separate sheets of paper.

.05 Make substitute paper forms as identical to the official IRS-printed forms as possible.

.06 Print using nonreflective black inks.

.07 Use typefaces that are substantially identical in size and shape to the official forms and use rules and shading that are substantially identical to those on the official forms.

.08 Print the six-digit form ID codes in the upper right-hand corner of each form using nonreflective black, carbon-based, 12-point (minimum 10-point required) OCR-A font. Use the official paper over-the-counter IRS forms to develop your substitute paper forms. Print “950106” on page 1 of Form 941, “950206” on page 2 of Form 941, and “950306” on Schedule B (Form 941) of substitute paper forms. See Section 4 for form ID codes for software-generated forms.

Note. Maintain as much white space as possible around the form ID code. Do not allow character strings to print adjacent to the code.

.09 Print the OMB number in the same location as on the official forms.

.10 Print all entry boxes and checkboxes exactly as shown on the official forms.

.11 Print your IRS-issued three-letter substitute form printer source code in the middle at the bottom of page 1 of Form 941.

Note. You can obtain a three-letter substitute form printer source code by requesting it by email at *taxforms@irs.gov. (The asterisk must be included in the address.) Please enter “Substitute Forms” on the subject line.

.12 Print “For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher” at the bottom of page 1 of Form 941.

.13 Print “For Paperwork Reduction Act Notice, see separate instructions” at the bottom of Schedule B (Form 941).

.14 Do not print the form catalog number (“Cat. No.”) at the bottom of the forms or instructions.

.15 Do not print the Government Printing Office (GPO) symbol at the bottom of the forms or instructions.

.16 See Exhibits A and B in Section 8.

Section 4 – Reproducing Form 941 and Schedule B (Form 941) for Software-Generated Paper Forms

.01 You may use the 6x10 grid exhibits (C and D) at the end of this document to develop a software version of Form 941 and Schedule B (Form 941). Please follow the specifications exactly to develop the fields.

.02 If you are developing software that is designed using the 6x10 grid in the exhibits, you may make the following modifications. See Exhibits C and D in Section 8.

- Use “970106” for page 1 of Form 941, “970206” for page 2 of Form 941, and “970306” for Schedule B (Form 941) as the form ID codes.
Note. Maintain as much white space as possible around the form ID code. Do not allow character strings to print adjacent to the code.
- Place all boxes and entry spaces in the same field locations as indicated in the 6x10 grid exhibits.
- Use single lines for “Employer Identification Number” (EIN) and other entry areas in the entity section of page 1 of Form 941.
- You do not need to use reverse type as shown on the IRS official form.
- You do not need to pre-print decimal points in the data boxes. However, all amounts should be printed with decimal points and place holders for cents.
- Use a single box for “state abbreviation” in line 14 of Form 941.

- Delete the pre-printed formatting in the “date” box for line 16 and in Parts 5 and 6 of Form 941.
- Delete the pre-printed formatting in the “Phone” box for Parts 4, 5, and 6.
- Use a single box for “Personal Identification Number (PIN)” in Part 4 of Form 941.
- You may delete all shading when using the 6x10 grid format.

.03 If producing both the form and the data or the form only, print your three-letter IRS-issued form printer source code in Row 63, Columns 49-51 on page 1 of Form 941. See Section 3.11.

.04 If producing only the data on the form, print your four-digit software industry form code in Row 4, Columns 58-61 on page 1 of Form 941. See the National Association of Computerized Tax Processors (NACTP) website at www.nactp.org for information on these codes.

.05 Print “For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher” at the bottom of page 1 of Form 941.

.06 Print “For Paperwork Reduction Act Notice, see separate instructions” at the bottom of Schedule B (Form 941).

.07 Do not print the form catalog number (“Cat. No.”) at the bottom of the forms or instructions.

.08 Do not print the Government Printing Office (GPO) symbol at the bottom of the forms or instructions.

.09 To enable accurate scanning and processing, enter data on Form 941 and Schedule B (Form 941) as follows:

- Show name and EIN on all pages and attachments.
- Use 12-point (minimum 10-point) Courier font (if possible).
- Omit dollar signs, but use commas to show amounts.
- Except for lines 1, 2, and 10, leave blank any data field with a value of zero.
- Enter negative amounts with a minus sign.

Note. The IRS prefers that you use a minus sign for negative amounts instead of parentheses or some other means. The IRS will update the Instructions for Form 941 in 2007 to specify this preference.

Section 5 – OMB Requirements for Substitute Forms

.01 The Paperwork Reduction Act (the Act) of 1995 (Public Law 104-13) requires the following.

- The Office of Management and Budget (OMB) approves all IRS tax forms that are subject to the Act.
- Each IRS form contains the OMB approval number, if assigned. (The official OMB numbers may be found on the official IRS forms and are also shown on the forms in the exhibits.)

- Each IRS form (or its instructions) states:
 1. Why the IRS needs the information,
 2. How it will be used, and
 3. Whether or not the information is required to be furnished to the IRS.

.02 This information must be provided to any users of official or substitute IRS forms or instructions.

.03 The OMB requirements for substitute IRS forms are the following.

- Any substitute form or substitute statement to a recipient must show the OMB number as it appears on the official IRS form.
- For Form 941 and Schedule B (Form 941), the OMB number (1545-0029) must appear exactly as shown on the official IRS form.
- For Form 941 and Schedule B (Form 941), the OMB number must use one of the following formats.
 1. OMB No. 1545-0029 (preferred) or
 2. OMB # 1545-0029 (acceptable).

.04 If no instructions are provided to users on your forms, you must furnish to them the exact text of the Privacy Act and Paperwork Reduction Act Notice.

Section 6 – Reproducible Copies of Forms

.01 You can order official IRS forms and information copies of federal tax materials at local IRS offices or by calling the IRS National Distribution Center at 1-800-829-3676. Other ways to get federal tax material include the following.

- The IRS website at www.irs.gov.
- The IRS' CD-ROM (Publication 1796).

.02 The IRS also offers an alternative to downloading electronic files and provides current and prior year access to tax forms and instructions through its Federal Tax Forms CD-ROM. Order Publication 1796, IRS Federal Tax Products CD-ROM, by using the IRS website at www.irs.gov/cdorders or by calling 1-877-CDFORMS (1-877-233-6767).

Section 7 – Effect on Other Documents

.01 Revenue Procedure 2005-21, 2005-1 C.B. 899 (reproduced as Publication 4436, Rev. 4-2005) is superseded.

Section 8 – Exhibits

.01 Please follow the specifications indicated in the following exhibits to produce substitute Form 941 and Schedule B (Form 941).

.02 These forms are subject to review and possible change as required. Therefore, employers are cautioned against overstocking supplies of privately-printed substitutes.

.03 Do not submit substitute Form 941 and Schedule B (Form 941) to the IRS for approval. Substitute Form 941 and Schedule B (Form 941) that **completely conform** to

the specifications contained in this revenue procedure may be privately printed without prior approval from the IRS. Substitute forms filed with the IRS that do not conform may be returned. See Section 3 of this publication.

Exhibit A, Form 941 (Official Version)

Form 941 for 2006: Employer's QUARTERLY Federal Tax Return
(Rev. January 2006) Department of the Treasury — Internal Revenue Service

950106
OMB No. 1545-0029

(EIN) Employer identification number 32

Name (not your trade name)

Trade name (if any)

Address

Number 255

City

Street

State

Suite or room number

ZIP code

Report for this Quarter ...
(Check one.)

☒ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

Read the separate instructions before you fill out this form. Please type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)

2 Wages, tips, and other compensation

3 Total income tax withheld from wages, tips, and other compensation

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 6.

5 Taxable social security and Medicare wages and tips:

	Column 1		Column 2	
5a Taxable social security wages 	1.45"	× .124 =		1.45"
5b Taxable social security tips 		× .124 =		
5c Taxable Medicare wages & tips 		× .029 =		
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) 				1.8"
6 Total taxes before adjustments (lines 3 + 5d = line 6) 				
7a Current quarter's fractions of cents 	2.2"			
7b Current quarter's sick pay 				
7c Current quarter's adjustments for tips and group-term life insurance 				
7d Current year's income tax withholding (attach Form 941c) 				
7e Prior quarters' social security and Medicare taxes (attach Form 941c) 				
7f Special additions to federal income tax (attach Form 941c) 	.25"			
7g Special additions to social security and Medicare (attach Form 941c) 				
7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g) 				
8 Total taxes after adjustments (Combine lines 6 and 7h) 				
9 Advance earned income credit (EIC) payments made to employees 				
10 Total taxes after adjustment for advance EIC (line 8 – line 9 = line 10) 				
11 Total deposits for this quarter, including overpayment applied from a prior quarter 				
12 Balance due (If line 10 is more than line 11, write the difference here.) 				
13 Overpayment (If line 11 is more than line 10, write the difference here.) 				

Exhibit A, Form 941 (Official Version) (continued)

950206	
Name (not your trade name)	
Employer identification number (EIN)	
Part 2: Tell us about your deposit schedule and tax liability for this quarter.	
If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.	
14	Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in multiple states.
15 Check one: <input type="checkbox"/> Line 10 is less than \$2,500. Go to Part 3.	
<input type="checkbox"/> You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.	
Tax liability: Month 1 <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">.25</div>	
Month 2 <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1.8</div>	
Month 3 <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">.</div>	
Total liability for quarter <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">.</div> Total must equal line 10.	
<input type="checkbox"/> You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.	
Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.	
16 If your business has closed or you stopped paying wages <input type="checkbox"/> Check here, and enter the final date you paid wages <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1.1</div>	
17 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . <input type="checkbox"/> Check here.	
Part 4: May we speak with your third-party designee?	
Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.	
<input type="checkbox"/> Yes. Designee's name <div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;">5.5</div>	
Phone <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">2.0</div> Personal Identification Number (PIN) <div style="border: 1px solid black; width: 50px; height: 20px; text-align: center;">1.4</div>	
<input type="checkbox"/> No.	
Part 5: Sign here. You MUST fill out both sides of this form and SIGN it.	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.	
X Sign your name here <div style="border: 1px solid black; width: 150px; height: 20px; text-align: center;">5.9</div>	
Print name and title <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
Date <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1.1</div> Phone <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">2.0</div>	
Part 6: For PAID preparers only (optional)	
Paid Preparer's Signature <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
Firm's name <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
Address <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
Date <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">/ /</div> Phone <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">() -</div>	
<input type="checkbox"/> Check if you are self-employed.	
EIN <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1.75</div>	
ZIP code <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
SSN/PTIN <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

Exhibit B, Schedule B (Form 941) (Official Version)

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2006) Department of the Treasury — Internal Revenue Service

(EIN) Employer identification number 32

Name (not your trade name) 3.45"

Calendar year 13 (Also check quarter)

1.0" 3.5" 950306

OMB No. 1545-0029

Report for this Quarter ...
(Check one.)

☐ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☐ 4: October, November, December

2.15"

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. You must fill out this form and attach it to Form 941 (or Form 941-SS) if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

Month 1

1	9	17	25
2	10	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

Month 2

1	9	17	25
2	10	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

Month 3

1	9	17	25
2	10	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

Tax liability for Month 1

1.7"

Tax liability for Month 2

.6"

Tax liability for Month 3

.

Total liability for the quarter

.5"

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter

Total must equal line 10 on Form 941 (or line 8 on Form 941-SS).

1.15"

For Paperwork Reduction Act Notice, see separate instructions.

Schedule B (Form 941) Rev. 1-2006

9

Exhibit C, Form 941 (6 x 10 Grid Version)

1										2										3										4										5										6										7										8									
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5																																			
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(Rev. January 2006) Department of the Treasury -- Internal Revenue Service																																																																															
Report for this Quarter ... (Check one.)																																																																															
<input type="checkbox"/> 1: January, February, March																																																																															
<input type="checkbox"/> 2: April, May, June																																																																															
<input type="checkbox"/> 3: July, August, September																																																																															
<input type="checkbox"/> 4: October, November, December																																																																															
Part 1: Answer these questions for this quarter.																																																																															
1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) 1																																																																															
2 Wages, tips, and other compensation 2																																																																															
3 Total income tax withheld from wages, tips, and other compensation 3																																																																															
4 If no wages, tips, and other compensation are subject to social security or Medicare tax. <input type="checkbox"/> Check and go to line 6.																																																																															
5 Taxable social security and Medicare wages and tips:																																																																															
Column 1																																																																															
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5a Taxable social security wages x .124 =																																																																															
5b Taxable social security tips x .124 =																																																																															
5c Taxable Medicare wages & tips x .029 =																																																																															
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7 TAX ADJUSTMENTS (Read instructions for line 7 before completing lines 7a through 7h.):																																																																															
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7b Current quarter's sick pay																																																																															
7c Current quarter's adjustments for tips and group-term life insurance																																																																															
7d Current year's income tax withholding (attach Form 941c)																																																																															
7e Prior quarters' social security and Medicare taxes (attach Form 941c)																																																																															
7f Special additions to federal income tax (attach Form 941c)																																																																															
7g Special additions to social security and Medicare (attach Form 941c)																																																																															
7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.) 7h																																																																															
8 Total taxes after adjustments (Combine lines 6 and 7h.) 8																																																																															
9 Advance earned income credit (EIC) payments made to employees. 9																																																																															
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11 Total deposits for this quarter, including overpayment applied from a prior quarter. 11																																																																															
12 Balance due (If line 10 is more than line 11, enter the difference here.) 12																																																																															
Make checks payable to United States Treasury.																																																																															
13 Overpayment (If line 11 is more than line 10, enter the difference here.) <input type="checkbox"/> Check one <input type="checkbox"/> Apply to next return. Send a refund.																																																																															
For Privacy Act and Paperwork Reduction Act Notice, see the Payment Voucher. Form 941 (Rev. 1-2006)																																																																															

1	2	3	4	5	6	7	8																				
970206																											
Form 941 (Rev. 1-2006) Page 2																											
Name (not your trade name)				Employer identification number (EIN)																							
Part 2: Tell us about your deposit schedule and tax liability for this quarter. If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.																											
14 <input type="checkbox"/> Enter the state abbreviation for the state where you made your deposits OR enter "MU" if you made your deposits in multiple states.																											
15 Check one: <input type="checkbox"/> Line 10 is less than \$2,500. Go to Part 3.																											
<input type="checkbox"/> You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.																											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Tax liability:</td> <td style="width: 15%;">Month 1</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td>Month 2</td> <td style="border: 1px solid black; height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Month 3</td> <td style="border: 1px solid black; height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Total liability for quarter</td> <td style="border: 1px solid black; height: 20px;"></td> <td colspan="2">Total must equal line 10.</td> </tr> </table>								Tax liability:	Month 1					Month 2					Month 3				Total liability for quarter			Total must equal line 10.	
Tax liability:	Month 1																										
	Month 2																										
	Month 3																										
Total liability for quarter			Total must equal line 10.																								
<input type="checkbox"/> You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.																											
Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.																											
16 If your business has closed or you stopped paying wages. <input type="checkbox"/> Check here, and enter the final date you paid wages .																											
17 If you are a seasonal employer and you do not have to file a return for every quarter of the year <input type="checkbox"/> Check here.																											
Part 4: May we speak with your third-party designee?																											
Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See instructions for details.																											
<input type="checkbox"/> Yes. Designee's name 																											
<input type="checkbox"/> No.																											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Phone</td> <td style="width: 30%; border: 1px solid black; height: 20px;"></td> <td style="width: 20%;">Personal Identification Number (PIN)</td> <td style="width: 30%; border: 1px solid black; height: 20px;"></td> </tr> </table>								Phone		Personal Identification Number (PIN)																	
Phone		Personal Identification Number (PIN)																									
Part 5: Sign here. You MUST fill out both sides of this form and SIGN it.																											
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.																											
Sign your name here 																											
Print name and title 																											
Date Phone 																											
Part 6: For PAID preparers only (optional)																											
Paid Preparer's Signature 																											
Firm's name 																											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Address</td> <td style="width: 20%;">EIN</td> <td style="width: 20%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td></td> <td>ZIP code</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Date</td> <td>Phone</td> <td>SSN/PTIN</td> </tr> </table>								Address	EIN			ZIP code		Date	Phone	SSN/PTIN											
Address	EIN																										
	ZIP code																										
Date	Phone	SSN/PTIN																									
<input type="checkbox"/> Check if you are self-employed.																											

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors Calendar Year _____ Department of the Treasury -- Internal Revenue Service										OMB No. 1545-0029 970306 Report for this Quarter <input type="checkbox"/> 1: January, February, March <input type="checkbox"/> 2: April, May, June <input type="checkbox"/> 3: July, August, September <input type="checkbox"/> 4: October, November, December
Employer identification number _____ Name (not your trade name) _____ Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. You must fill out this form & attach it to Form 941 (or Form 941-SS) if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid.										
Month 1										
1	9	17	25							Tax liability for Month 1
2	10	18	26							
3	11	19	27							
4	12	20	28							
5	13	21	29							
6	14	22	30							
7	15	23	31							
8	16	24								
Month 2										
1	9	17	25							Tax liability for Month 2
2	10	18	26							
3	11	19	27							
4	12	20	28							
5	13	21	29							
6	14	22	30							
7	15	23	31							
8	16	24								
Month 3										
1	9	17	25							Tax liability for Month 3
2	10	18	26							
3	11	19	27							
4	12	20	28							
5	13	21	29							
6	14	22	30							
7	15	23	31							
8	16	24								
Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter Total must equal line 10 on Form 941 (or line 8 on Form 941-SS).										Total liability for the quarter
For Paperwork Reduction Act Notice, see separate instructions.										